

**IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL SERVICES DIVISION**



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Des Moines, IA 50309
515-725-0268

Field Office #6
1023 W. Madison
Washington, IA 52353
319-653-2135

Manure Management Plan Compliance Review – Sales of Manure

Site Visit Date: Current: _____ Last: _____	Number of Animals: _____	Animal Units: _____	N-based <input type="checkbox"/> P-based <input type="checkbox"/>	Facility Location County: _____	Facility ID: _____
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Facility Tier Status Pre-visit (circle): 1 2 3 Post-visit (circle): 1 2 3	Violation(s) Comments _____ _____ _____ _____
Clerical Violation(s) <input type="checkbox"/>	
Technical Violation(s) <input type="checkbox"/>	

Facility Name _____ **Person(s) Contacted** _____ **Phone** _____

Facility Owner Information & Address Unchanged? Yes ☐ No ☐ (Database must be updated)

Address of Facility: _____

MMP Contents		Are requirements being met for the following items?		
		Yes	No	N.A.
a.	Current copy of IDALS certification for dry manure sales as soil conditioner [65.17(2)a; IDALS]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Calculations to determine land area for application [65.17(2)b(1)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Total nitrogen available and phosphorus available, credits, application losses [65.17(2)b(2)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Estimate of annual amount of animal and manure production [65.17(2)b(5)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Manure sales forms [65.17(2)b(6)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Name and address of the buyer of manure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Quantity of manure purchased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Optimum crop yield, crop usage rate, and crop schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Manure application methods and timing of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Location of manure application and number of acres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Manure application rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Statements of intent or past manure sales records [65.17(2)b(7)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. Name and address of person signing the statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Statement indicating intent of person to buy manure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Location of farm to take manure and number of acres available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Signature of the person who may buy the manure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Does P Index no. generated correspond with P Index no. in plan? [65.17(17)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Are proper soil sampling methods being used to calculate P Index?[65.17(16)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records Review		Are requirements being met for the following items?		
		Yes	No	N.A.
i.	Copy of the current MMP [65.17(6)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Copy of 5* years of manure sales forms signed by each buyer and the applicant [65.17(8)]? * Effective Aug. 25, 2006, record requirements will change to five years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

SPECIALIST NAME _____

ON-SITE CONTACT _____

DATE _____



Field Observations of Manure Storage/Handling/Application & Disposal		Yes	No	N.A.
Are requirements being met for the following items?				
k.	No obvious manure discharges [65.2(7) & 65.5]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Manure storage structures appear to be properly operated & maintained [65.2&65.15]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Dead animals disposed of properly [567 IAC 100.4(455B) & Code of Iowa 167.18]? Type: Compost <input type="checkbox"/> Incinerator <input type="checkbox"/> Burial <input type="checkbox"/> Rendering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion Items		Yes	No	N.A.
Were the following items discussed?				
n.	Manure release notification made within 6 hours [65.2(9)]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Deficiencies, violations, and tier status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Recommendations, improvements, environmental issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	The manure applicator is certified [65.19]? Applicator name/number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Proper manure application [65.3(2)-(3)]?			
s.	Other? (explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

[illegible]

SPECIALIST NAME	ON-SITE CONTACT	DATE
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